



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	Finit Cleany)		
(First)	(Middle)	TELEPHONE	
ENTINE		(808). 537–6100	
		FAX	
SUITE 1900, MAKAI TO	OWER	(808) 537-5434	
(State)		(Zip Code)	
6813		1	
y if you are employed by a business entity	which has been retained to lobby)	TELEPHONE	
STARN O'TOOLE MARCUS & FISHER			
		FAX	
SUITE 1900, MAKAI 1	FOWER	(808) 537-5434	
(State)		(Zip Code)	
5813			
	ENTINE SUITE 1900, MAKAI To (State) 6813 by if you are employed by a business entity S & FISHER SUITE 1900, MAKAI To	ENTINE SUITE 1900, MAKAI TOWER (State) 6813 by if you are employed by a business entity which has been retained to lobby) S & FISHER SUITE 1900, MAKAI TOWER (State)	

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE				
KUILIMA RESORT COMPANY					
MAILING ADDRESS (Street)	FAX				
C/O OAK TREE CAPITAL, 333 SOUTH GRAND, 28TH FLOOR					
(City) (State)	(Zip Code)				
LOS ANGELES, CALIFORNIA 90071					
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STAT	TEMENT TELEPHONE				
MARK OEI	(213) 830-6322				
MAILING ADDRESS (Street)	FAX				
SAME AS ABOVE	(213) 830–6392				
(City) (State)	(Zip Code)				

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PART III	DESCRIPTION C	OF SUBJECTS UPON WHI	CH YOU EXPECT TO LOBBY		
☑ Agricult	ure	☐ Education	Human Services	Science, Technology & Economic Development	
Commu Public U	nications & Itilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation	
Consum Comme	ner Protection & rce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation	
☑ Culture, Preserv	Arts, Historic ation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)	
☑ Ecology Environ	, Energy mental Protection	Housing	☐ Public Safety & Corrections		
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	CERTIFICATION				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. 2-9-07					
	θ_0	Signature of Lobbyist)		(Date)	
			1	······································	
PART V	AUTHORIZATIO	N TO LOBBY			
NAME			TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED	
MARK OE	I				
NAME OF C	RGANIZATION (if app	licable)		TELEPHONE	
OAK TR	EE CAPITAL			(213) 830–6322	
MAILING ADDRESS (Street)				FAX	
333 SO	UTH GRAND, 28	TH FLOOR		(213) 830–6392	
(City) (State) (ip Code)			
LOS AN	GELES, CALIFO	PRNIA 90071	•		
I hereby authorize the above, named person to engage in lobbying activities on behalf of the undersigned.					
/Max 2-12-07					
(Signature of Authorizing Officer or Person Represented)			(Date)		